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Executive Summary

1-574

Office Memorandum • UNITED STATES GOVERNMENT

TO : Acting Executive

FROM : Management Officer

SUBJECT: Medical Program

DATE: 25 May 1950

1. Discussions have been held with the CIA Surgeon relative to the attached document which presents functions, T/O requirements and organization structure for the Medical Division as proposed by the CIA Surgeon.

2. The proposed table of organization in the attachment provides adequate but not an excessive number of positions and should be sufficient for foreseeable CIA departmental needs. The T/O has been tentatively approved by Personnel Division with corrections as shown in pencil. The T/O provides a medical officer whose principal duty will encompass the planning, coordinating and technical guidance for covert medical support programs. These programs are in the basic planning stages and must of necessity be evaluated at a later date. If additional personnel are required as the medical programs get under way, it is Management Staff's recommendation that any such additional personnel be provided for and assigned to the T/O of the covert offices rather than to the Medical Division.

3. The consultant plan now being implemented will round out the entire program to cover all phases of the medical field which obviously it is not possible to cover by full time employees.

4. Management Staff dissents with portions of section III of the functions for the Statistics and Requirements Branch that propose the conduct of active and intensive research and the collection, collation and maintenance of a world-wide reference on Epidemiology. The CIA Surgeon felt the maintenance of a world-wide reference is necessary to protect security of covert operations by having all information in Medical files necessary to answer questions or take action rather than give pin-point requirements to OCD or OSI and receive information from such offices.

5. This Staff contacted covert offices regarding research activities and collection and maintenance of information by the Medical Division. Covert offices feel that the Medical Division:

a. Should not do active and intense research but use research of existing facilities such as OSI, Department of the Army, etc.

JOB NO. _____ BOX NO. _____ FLD NO. _____ DOC. NO. 1 NO CHANGE
IN C/S 5/4/50/CLASS/ CLASS CHANGED TO: IS S C REL. PEST. 22
NEXT REV DATE 8/1/51 DATE 5/1/51 REVIEWER 32936 TYPE DOC. 02
NO. 197 19 CREATION DATE _____ ORG CODE 010 ORG ORG CLASS C
REV CLASS C REV COORD. _____ AUTH: IR 76-9

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Approved For Release 2001/11/01 : CIA-RDP78-03568A000100230003-2

b. Should utilize OCD and OSI for obtaining information to satisfy requirements.

c. Can give "pin-point" requirements to OCD and OSI on specific areas without violating security and that in this manner more security would probably be gained than in maintaining a large file in the Medical Division.

d. Should maintain "finger-tip" information on a limited basis.

6. Management Staff concurs in the opinions of the covert offices and feels that one individual should coordinate the above phases of the program which would be supported by other CIA activities.

7. In view of the Agency-wide aspects of the Medical Division programs, this Staff feels that the Medical Division should be made a separate Staff reporting to the Executive.

8. It is recommended that:

a. The Medical Division be made a separate Staff reporting to the Executive, the senior officer to be titled Chief, Medical Staff.

b. The concepts of paragraphs 4, 5, and 6, above, be approved and the Medical Staff functions amended accordingly.

c. The Medical Staff T/O as proposed in the attachment be approved subject to final approval of grades by the Personnel Director.

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Attachment: Document re Medical Division.

Approved:

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Acting Executive.

Note: The Director, on 26 May 1950, gave the Executive verbal authority to add four positions to the Medical Staff.

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